# **APPLICATION DATA SHEET**

### **Application Information**

Application Number:: Unassigned

Filing Date:: July 23, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification:: n/a

Suggested Group Art Unit:: n/a

CD-ROM or CD-R?::

Number of CD Disks:: n/a

Number of Copies of CDs:: n/a

Sequence Submission?:: no

Computer Readable Form no

(CFR)?::

Number of Copies of CFR:: n/a

Title:: LIGHT GRID

Attorney Docket Number:: 38412-190133

Request for Early Publication?:: no

Request for Non-Publication?:: no

Suggested Drawing Figure:: n/a

Total Drawing Sheets:: 3

Small Entity?:: yes

Latin Name:: n/a

Variety Denomination Name:: n/a

Petition Included?:: no

Petition Type:: n/a

Licensed US Govt. Agency:: n/a

Contract or Grant Numbers:: n/a

Secrecy Order in Parent Appl.:: n/a

#### **Applicant Information**

**Applicant Authority Type::** Inventor

**Primary Citizenship::** German

Country:: Germany

Status:: Full Capacity

Given Name:: Bernhard

Middle Name::

Family Name:: PARSTORFER

Name Suffix::

City of Residence:: München

State or Province of Residence::

Country of Residence:: Germany

**Street of Mailing Address::** Walter-Flex-Str. 2

City of Mailing Address:: München

State or Province of Mailing

Address::

**Country of Mailing Address::** Germany

Postal or Zip Code of Mailing

Address::

80637

**Applicant Authority Type::** Inventor

**Primary Citizenship::** German

Country:: Germany

Status:: Full Capacity

Given Name:: Hermann

Middle Name::

Family Name:: HABERER

Name Suffix::

City of Residence:: München

State or Province of Residence::

Country of Residence:: Germany

**Street of Mailing Address::** Kleinstrasse 45

City of Mailing Address::	München
State or Province of Mailing	
Address:: Country of Mailing Address::	Germany
Postal or Zip Code of Mailing	81379
Address::	01079
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing	
Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing	
Address::	
Applicant Authority Tymou	lavantan
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	Full Connection
Status::	Full Capacity
Given Name:: Middle Name::	
Family Name:	

Name Suffix::					
City of Residence::					
State or Province of	Residence::				
Country of Residence::					
Street of Mailing Address::					
City of Mailing Address::					
State or Province of Address:: Country of Mailing A					
Postal or Zip Code of Address::	f Mailing				
Correspondence I	nformation				
Correspondence Cus Number::					
Phone Number::		(202) 962-4043			
rax Number::		(202) 962-8300 cmvoorhees@venable.com			
Representative Custo Number::	omer	26694			
Domestic Priority	Information	ı			
Application::	Continuity T	ype::	Parent Application::	Parent Filing Date::	
	Continuation	of			
	Continuation	of			
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Continuation of

## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claim d::
Germany	102 33 258.4	July 23 2002	yes

## **Assignee Information**

Assignee Name:: Leuze lumiflex GmbH & Co. KG

Street of Mailing Address:: Liebigstrasse 4

City of Mailing Address:: Fürstenfeldbruck

State or Province of Mailing

Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing 82256

Address::